O4-(9-0)PART B - FEE(S) TRANSMITTAL

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appropriate All further con indicated unless corrected by maintenance fee notification	respondence including the local or directed otherwise is.	Patent, advance or in Block 1, by (a)	ders and notifi) specifying a	ication of new corr	maintenance fees verspondence address	will be mailed to the current; and/or (b) indicating a sep	t correspondence address as arate "FEE ADDRESS" for	
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DELPHI TECHNOLOGIES, INC. M/C 480-410-202 PO BOX 5052 TROY, MI 48007				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. Susan Georgia (Depositor's name)				
APPLICATION NO.	FILING DATE	FIRST NAMED		INVENTO	OR .	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/767,989 01/29/2004 John R. Morel ITLE OF INVENTION: LOW PROFILE SOCKET CONNECTOR					04/20/2005 DEMMANU2 00000031 500831 10767989			
					01 FC:1501 02 FC:1504 03 FC:8001	1400.00 DA 300.00 DA 6.00 DA		
APPLN. TYPE	SMALL ENTITY	ISSUE FE	EE	PUBLICATION FEE		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300		\$1700	04/26/2005	
EXAMINER		ART UNIT		CLASS-SUBCLASS				
DINH, PH	2839		439-066000					
1. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicati PTO/SB/47; Rev 03-02 o Number is required.	Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT ((print or t	ype)			
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion of	low, no assignee of this form is NOT	lata will appea 'a substitute fo	ar on the or filing a	patent. If an assign n assignment.	ee is identified below, the d	locument has been filed for	
(A) NAME OF ASSIGNEE			B) RESIDENCE: (CITY and STATE OR COUNTRY)					
DELPHI TECHNOLOGIES, INC.				TROY, MICHIGAN				
			nted on the pate	ent):	Individual Co	orporation or other private gro	oup entity Government	
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Publication Fee (No sn	A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached.							
Advance Order - # of		The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50083 (enclose an extra copy of this form).						
5. Change in Entity Status (from status indicated above							
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Authorized Signature	Susa (Fush			Date	-18-05		
Typed or printed name _(Susan 6	risha	_		Registration	No		
This collection of information	is required by 37 CFR 1.31	1. The information	is required to	obtain or	retain a benefit by t	he public which is to file (and	by the USPTO to process)	

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